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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*  
*None*\*\* FOREIGN APPLICATIONS \*\*\*\*  
*None*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 09/07/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY TAIWAN	SHEETS DRAWING 3	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

## ADDRESS

23595

## TITLE

Dental floss holder

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